

CHAPTER 16

FAR EAST: INDIA AND CEYLON

INDIA lay comparatively remote from war's alarms until the entry of Japan. After that the country, from the point of view of the Army Medical Services, became a vast hospital area for the reception of casualties from Burma, Iraq, and the Middle East. But until December 1941 the work of the hospital personnel—of that famous body the Indian Medical Service and of the large contingent of Q.A.I.M.N.S. which presently arrived from home—was of a routine nature, or rather of a preparation for heavy work to come.

Most of the Regular Indian Army had been dispatched overseas on the outbreak of war to the European and North African theatres, and their place taken by newly raised and less experienced troops from home. It became necessary to establish training centres for the further education of these, and also of countless volunteers who joined the Colours from all over India.

The country was already well supplied with cantonments and military hospitals, previously utilized by the vanished Indian Army. Let us consider the situation at one typical centre—at Mhow, Central Provinces, in 1939-40.

In 1939 this station contained a brigade of Gunners, a battalion of the Oxford and Bucks Light Infantry, and another of Indian Infantry. In June 1940 the Gunners and Oxford and Bucks disappeared overseas, and Mhow became, *inter alia*, an Officers' Training School for Indian cadets.

Needless to say some of these came under the care, sooner or later, of the Army Sisters. The Military Hospital maintained a ward, medical and surgical, for British Other Ranks, another for Indian cadets, an Officers' ward and a small operating theatre.

There was also a Military Families Ward, for the wives and children left behind by the Regular units of the Indian Army which had departed overseas.

The Nursing Sisters had prepared themselves as far as possible for their new duties by acquiring a smattering of Urdu with which to make themselves understood in the wards, but they were not long in discovering that they had many other things to learn. The cadets came from all over India—teachers, lawyers, book-keepers, some of them mere boys. They were of various races and creeds, with strong religious views on diet. The food of the Hindus and Moslems had as usual to be specially prepared, and cooked in separate kitchens. Beef was *tabu* in any case.

The hospital patients also had their own standards of personal dignity, and held strong views on the sanctity of the human person (which in the case of the Moslems is purdah from neck to knee). The Sikhs, as we have already seen, attached considerable importance to their heads.

I learned [one Sister tells us] when helping a Sikh patient to sit up, never to touch his head. They also objected to wearing pyjamas instead of a dhoti, but they got used to this in time.

The Indian Medical Service was itself enlisting recruits, and a contingent of I.M.S. lieutenants came to Mhow for a course. They were of all types and ages. Here is the tale of one of them, and of his subsequent military record.

He was already a doctor, married, and with many children. He was admitted to my Officers' Ward. He sat up cross-legged in bed in a dhoti, and I am afraid he spat. On manœuvres in the Station he refused to ride a bicycle, because it was 'against the teachings of God'. He admitted that he had not been at all keen to join up.

Ultimately he was sent to Malaya as M.O. with an Indian regiment. One day in the jungle they found them-

selves cut off and without ammunition. The M.O. took a brief lesson in how to control a Bren-gun carrier, then drove it alone through the Japanese lines, and came back with the ammunition. He was subsequently killed, with most of his battalion.

As regards Indian hospital buildings in general, these, the Sisters soon found, varied greatly in size and importance, and all were very different from those at home. There was in the early days little attempt at modern sanitation, and water was not invariably laid on. Hill stations had no electric light. Owing to the rigidities of the caste system, too, various duties could only be performed by orderlies of various grades. Ward-boys cleaned the wards; water was brought by a water-carrier known as the *Bhisti*, while the sweepers, the Untouchables, performed all the more menial and least pleasant jobs.

Some of the lower-grade Indian hospitals must have been conducted upon somewhat happy-go-lucky lines.

The first hospital I served in [one Sister tells us] was of the '3rd Class' variety. The operating-room had a fireplace and a fire-screen of casement cloth, on which the anæsthetist hung his coat. The instruments were of a weird and wonderful variety.

We had an emergency appendix one day, and in the middle of the operation it became very dark—a dust-storm. Suddenly, with a fearful noise, a pigeon arrived down the chimney, covered with soot and dust. It flew round the theatre twice, and then settled on the screen, where it remained cooing softly to itself for the rest of the operation.

From which the reader will gather some idea of the amount of improvisation and make-do devolving upon Q.A.I.M.N.S. until reasonable standards of good order and hygiene could be attained, especially in certain of the up-country districts.

Besides the cadets, the Sisters had other patients, especially

British soldiers newly out from home. As usual they were a cheerful and friendly crew, and immensely appreciative of all that was done for them.

II

With the entry of Japan into the war in late 1941, the long period of peaceful routine came to an abrupt end, and all India awoke with a shock to the realities of total warfare, and immediately sprang to active life as an evacuee area for casualties from all the neighbouring theatres of war—Burma, Malaya, Iraq, North Africa, even Madagascar. It was safer and more convenient to evacuate these to India rather than ship them back to overcrowded and bomb-smitten Britain. Not that India herself was entirely free from bombing, but this was only intermittent in character and spread over a wide area.

Two types of Indian Military Hospital were available, British and Combined. The first took care of British troops only, the second had both a British and Indian Section, the Indians preponderating. The purely Indian nursing staff came from many different Provinces and from as far as the Burma border. Many did not understand one another's language, but fortunately all could speak English, but the difficulties of the Matron and British Sisters in reconciling so many different temperaments, religions, and points of view may well be imagined.

Trained R.A.M.C. orderlies were no longer available, for all as usual had been spirited away to various theatres of war, and it was necessary to make do with Sepoy orderlies. These were efficient and friendly, but as usual, owing to caste distinctions, were in the habit of delegating to unqualified menials duties which their dignity precluded them from performing themselves.

The patients were much more satisfactory to deal with.

We enjoyed nursing Indian Sepoys [writes one Sister]. They were mostly bright-eyed recruits, sons of smallholders from native villages, who convinced one of their intelligence

and charming unspoilt natures despite their inability to speak English. These lads seemed to be so grateful and surprised at having women to do things for them.

Some of the British patients were in a very different case. They had been conveyed from various battlefields, largely by air, with the dust and dirt of battle still upon them—from Eritrea and Abyssinia in the beginning, and now from Burma and Malaya.

With the help of the local St. John's Ambulance Brigade they were put to bed and made comfortable and fed. The majority of them wanted only to be left alone to sleep; but next morning, after washing and shaving, they looked quite different men. How pleased they were to find their own countrywomen round them!

There was at first a considerable shortage of nursing staff. The Sisters however received much welcome aid from the 'abandoned' wives of British officers, who helped in the library and the management of the wireless and gramophones, besides organizing entertainments for convalescents and taking them to the cinema. In due course, too, a number of the V.A.D. became available, and proved a great help.

Accommodation for ever-fresh arrivals furnished a continual problem. After the fall of Hong Kong drafts of British officers, 200 at a time, arrived to be seconded to Indian units, but stayed at Mhow and elsewhere to learn the language. This involved an increase in officers' accommodation and wards. The arrival of a small party of Nursing Sisters from Malaya, after dreadful experiences, did little to help at the time, for they had lost everything they possessed and had to be sent on leave, to rest and refit. However, a large contingent of Sisters arrived from England shortly after, and the situation was eased, not only at Mhow but at various other important stations.

In the great cities of India, such as Bombay, the problems of Q.A.I.M.N.S., as may have been expected, sometimes took a

different turn. Owing to shortage of accommodation, whole barracks had to be converted into hospitals and the barrack-rooms into wards destitute of furniture, save perhaps for a single cupboard.

As in most urban communities, too, the atmosphere was impregnated with politics.

On Saturday evenings Gandhi's followers had a habit of throwing home-made bombs into the *café* frequented by British soldiers in Bombay. That wrecked the *cafés*, and four or five soldiers usually came to us for small repairs. Whenever Gandhi was having one of his fasts, our troops were kept standing by, on the look-out for the activities of 'Congress Wallahs'.

To perform works of Necessity and Mercy under such conditions must have cast an added strain on the labours of our Sisters—though the situation fortunately was not without its element of humour—if to be assailed with bombs by the people one is fighting for can be reckoned as a really humorous experience. At any rate Thomas Atkins thought so.

The United States, too, now wholeheartedly committed to the common cause, was beginning to contribute to the Indian hospital services.

Among Matron's many duties in Bombay outside her work, she was asked to go down with Headquarters Staff and greet an American convoy bringing three General Hospitals. We lunched on board: it was a pleasant outing for us and they seemed to appreciate our visit.

III

During 1944-45, with the Burma campaign at its height, a novel and congenial form of hospital duty—congenial to those Sisters who did not object to comparative isolation from the rest

of their kind—came into being in the form of the 'Indian Hospital River Steamers', a flotilla of eight flat-bottomed vessels, of the 'showboat' variety, which plied up and down the great Brahmaputra river, conveying sick and wounded from the Burma front down to Dacca, in Assam.

Each hospital steamer was a self-contained unit, with a medical officer, usually an Indian, in command; two Q.A. Sisters, one British orderly, and a staff of Indian nursing orderlies. The life of this little community alternated between three strenuous days and nights spent in tending a packed shipload of patients, and three days of perfect peace and *dolce far niente* during the return trip upstream to collect the next consignment.

One Sister has left us a lively account of life on board her own particular showboat.

The master of the vessel [she tells us], a Mahommedan from Chittagong, governed his motley crew by the judicious use of loud, insulting epithets in every known dialect East of Suez.

There was a sort of brotherhood amongst these masters; indeed, I believe most of them were closely related. They all looked like Old Testament prophets, with their long white flowing beards, snowy garments, black-embroidered waistcoats, and little red fez. Our master was the eldest of two others, and it was common knowledge that whenever this old rascal encountered his youngest brother at a common port of call, he used to give him a good beating as a prospective inducement to good behaviour. Incidentally the youngest brother was about sixty years of age!

All the same, the master seems to have been a companionable old fellow. He was never too busy to point out to the Sisters places of interest *en route*—those districts where the inhabitants still went in for head-hunting in a big way; the place where one of the steamers had turned turtle in a particularly severe monsoon gale; and, last but not least, the paddy-field in which another hospital steamer was left high and dry in the night, the Brahma-

putra having, with characteristic irresponsibility, suddenly changed its course.

Most interesting of all were the various types of patient carried. At one time they were all Indians, at another a party of Chinese, at another a trainload of the famous 'Chindits', of whom there will be more to say presently—Orde Wingate's 'Phantom Army'.

Pathetic it was to see these men, bundles of skin and bone, riddled with dysentery and malaria, trying to eat the good meals we provided. Their poor stomachs just couldn't cope with anything stronger than milk.

Last, and in increasing numbers as the war progressed, came the Japanese—sick and wounded prisoners of war.

These men were put in a caged room on the deck, more for their own protection than to keep them from escaping. The Ghurka patients used to threaten them through the bars with their *kukris*,¹ and say: 'When we are prisoners you starve us: when you are our prisoners you eat our rice!'

This was followed by a realistic pantomime of throat-cutting on the part of the Ghurkas, whilst the terrified Japanese cowered.

I felt certain that one morning I would come on duty to find a cageful of dead Japs and a bunch of Ghurkas doing a sword-dance over their corpses. Fortunately for the Japs, the cage was as strong to hold men out as it was to keep them in.

The lower deck of the steamer held livestock for consumption during the voyage. Thus, apart from the throbbing of the engines, the rhythmic chanting of the crew, and the cry of the man whose duty it was to take periodical soundings with a long pole, there appears to have been a perpetual chorus of squawking hens, quacking ducks and bleating goats.

¹ A particularly unpleasant curved knife.

There was one goat in particular, a pet of the crew. He must have been a redoubtable animal. He was about the size of a Shetland pony, we are assured, and was a perpetual source of uneasiness to the Sisters, who had no desire to be butted overboard. As it happened, that indignity was reserved for the ship's cook, who had to be rescued from the waters of the Brahmaputra and plied with raw brandy, much to the distress of his strict Mahommedan soul.

In the end it was the goat which perished, of pneumonia, despite four-hour doses of M. & B. magnanimously administered by the Sisters. Great care had to be taken after his decease to ensure that he was safely committed to the bosom of the Brahmaputra, and not incorporated in the ship's catering arrangements.

Of course these voyages were not always plain sailing.

The Monsoon season was a bad time of the year to be out on the river, even in a flat-bottomed steamer. In a severe gale the ship rocked alarmingly, and the waves grew dreadfully high. Remember that Indian rivers are so wide in places that the banks of either side cannot be seen, and you will appreciate our nervousness. We might as well have been on the high seas.

Then there was the usual trouble with representatives of the insect world, both creeping and flying. They appear to have been of an unusually repellent type, even for the tropical East.

On very hot nights we slept out on the little deck, with mosquito nets to protect us from the queer insects that paid us a visit, attracted by the beam of the searchlight. Like Heinz sauces, there were at least fifty-seven varieties. The most fearsome were armoured flying creatures, as big as frogs. We called them Flying Frogs, and kept a baseball-bat handy for the sole purpose of dealing with them. There was another insect which left a smarting blister if it settled on one's skin: the mark it left we called a 'Spider's Lick', but I have never met anyone who could describe the insect

that caused it. So there is at least one mystery of the East left unsolved!

These intrepid Sisters seem to have explored most of the others.

IV

With the intrusion of the Japanese into the war, the people of Ceylon, who during its earlier stages had lived a comparatively tranquil existence, were now awakened to stern realities. They were soon to realize that their island was actually within the zone of active hostilities, to an extent not experienced by India, most of which lay too far north to be affected greatly by enemy action.

But the position in Ceylon was different. The Japanese were in practical control of the Bay of Bengal, and the island soon found itself within range of Japanese submarines and bombing aircraft.

Nevertheless, Ceylon was a much safer area than Malaya, and soon became the haven of casualties and evacuees from Singapore and Kuala Lumpur.

But not safe enough, as was soon to be made plain. Here is an illuminating extract from a hospital Matron's report:

Patients were arriving all day and night by ship and plane.

We were very crowded and there were many serious cases; but all was in fair running order until Easter Sunday morning, about 7.30 a.m.

This was Sunday, April 5th, 1942, some six weeks after the fall of Singapore. The actual scene was Colombo.

I was returning from Church in a rickshaw when I heard explosions much too near for my liking. There were no shelters or slit trenches in our boarding-house, and a nurse and myself took refuge under the stairs.

We looked out presently and saw an enemy plane shot down. Our lads were twisting their tails good and proper.

The staff had left for the hospital, which was some distance away, in a bus, and had had to take cover *en route*. I followed them to the hospital as soon as I could, and found great excitement. Our Singapore patients were thrilled to see so many R.A.F. planes in the sky, and remarks such as: 'We hadn't anything like that to put up in Singapore!' were heard.

From that morning Ceylon was war conscious.

The chief preoccupation of the medical services in Ceylon from this time on was with the provision of further hospital accommodation, and of sufficient staff to operate it.

The island already possessed a military hospital, No. 55 Indian General, and two more General Hospitals now arrived from India. Unfortunately they brought no Nursing Sisters with them, so the D.D.M.S. made a broadcast appeal for helpers, whether trained or untrained. The first recruits in Ceylon itself were five Nursing Sisters from the Colonial Nursing Service and one refugee Sister from Cyprus.

No. 55 General Hospital (which had combined itself with the Regular Military Hospital) had found excellent quarters in the Royal College opposite the Race-course, but to find accommodation for the two new hospitals from India was another matter, for Ceylon is a small island, and the usual battle royal was in progress between the Navy, Army and Air Force for accommodation of any kind. Our Navy has a gift for allotting First Priority to itself upon these occasions, and the Q.A.I.M.N.S. were soon made aware of the fact. Hospital accommodation had been provided for their patients, but they were sorely in need of living quarters for themselves, for thirty more Sisters had arrived from Singapore, and some of these were in a sadly exhausted condition.

The boarding-house [we read] was not very comfortable owing to shortage of food and servants—many of these had run away on Easter Sunday—and the Sisters were anxious to have their own Mess. So we went house-hunting.

There were many empty houses owing to the blitz, but none were suitable.

Directly opposite the Convent I saw a lovely big house, shaped like a wedding-cake, with a well-trimmed garden. I made inquiries and found the Royal Navy was occupying it. We probed further, and found it was used for stores! I reported to the C.O., and he succeeded in getting it for us by coming to an agreement with the Navy that they were to share half the back premises. It made a lovely Mess, and we were very happy there for two years.

Australian Red Cross were our very best and loyal helpers from the start. Nothing was a trouble to them, and everything was done with a smile. They were very kind to the sick troops.